



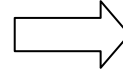
New Hampshire Employment Security  
Wages & Special Programs Unit  
PO Box 9505, Manchester, NH 03108-9505  
Fax (603) 656-6613



### Request for Withdrawal of NH Unemployment Claim

Please complete, sign, and return this form by mail, fax or in person to the Wages and Special Programs Unit confirming that you wish to withdraw your NH Unemployment Insurance claim.

Please refer to instructions on the back for assistance in filling out this form.



#### Section I

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Withdrawal (check one):

☐ Severance pay, vacation pay, or any monies that you may have received (other than wages) from your last employer.

☐ Other (Please specify) \_\_\_\_\_

☐ Want to file in another State/Combined Wage Claim (Please Complete Section II)

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#### Section II (For Combined Wage Claims)

- 1) I would like to file my claim in the state of: \_\_\_\_\_  
2) ☐ I have not received any unemployment insurance benefits as a result of my New Hampshire combined-wage claim.

#### OR

☐ I have received unemployment insurance benefits from my New Hampshire combined-wage claim.

a) ☐ I am immediately repaying the State of New Hampshire (attach check or money order - specify who to make check out to ) in the amount of: \$ \_\_\_\_\_

b) ☐ I agree to have the other State recover the amount of the Overpayment.

**This form must be received WITHIN SEVEN (7) DAYS or your claim will be processed as a New Hampshire Combined Wage Claim.**

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For office use only:

Granted per UCB Policy ☐

Not Granted ☐

#### NOTES

Staff Initials \_\_\_\_\_

Program to be withdrawn (check one): [ ] UI [ ] CWC [ ] TRA [ ] DUA [ ] UCFE [ ] UCX

Benefit Year of claim to be withdrawn: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## **Instructions**

1) Fill in contact information under **SECTION I**. Include your **first name**, **last name**, **social security number (SSN)**, **mailing address**, **city**, **state** and **zip code**.

2) Check the box which identifies why you are withdrawing your unemployment claim.

**Example:**

☒ Severance pay, vacation pay, or any monies that you may have received (other than wages) from your last employer.

☐ Other (Please specify): \_\_\_\_\_

☐ Want to file in another State/Combined Wage Claim (Please Complete Section II)

**Help:** If you select the last box, this means that you would like to file an unemployment claim in another state because you are receiving wages from one or more additional states. Your claim in New Hampshire is currently a combined wage claim. New Hampshire considers the wages you are receiving from other states into your benefit amount.

**Example:** You want to file your unemployment claim in Maine from this point forward. This means that you will no longer be filing your claim in New Hampshire and the wages you receive from multiple states will be counted as part of your claim in Maine.

3) If you are not filing a combined wage claim in another state, please proceed to instruction number 4. If you are filing a combined wage claim in another state, you must complete **SECTION II** of this form.

- First, you need to write or print the state in which you wish to file your unemployment claim in the space provided.
- Second, you must choose whether you have or have not received benefits for having a combined wage claim filed in New Hampshire. If you have not received benefits, proceed to instruction 4 below.
- If you have received benefits, you must select whether you are choosing to repay New Hampshire for the overpayment of benefits you have received as part of a combined wage claim in this state or whether you are choosing to have the new claim state collect payment to give to New Hampshire for an overpayment of benefits.

**Example:**

1) I would like to file my claim in the state of: Maine

2) ☐ I have not received any unemployment insurance benefits as a result of my New Hampshire combined-wage claim.

**OR**

☒ I have received unemployment insurance benefits from my New Hampshire combined-wage claim.

a) ☒ I am immediately repaying the State of New Hampshire (attach check or money order - Payable to "NHUCB Account") in the amount of: \$ 1,500.00

b) ☐ I agree to have the other State recover the amount of the Overpayment.

4) Sign and date the form in the fields provided. The form must be received by mail, fax, or in person within seven (7) days at the address below:

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